

Affiliate Statement

Name of applicant group, company or entity

Tax ID number (FEIN)

Check each box below that describes your relationship to the applicant. Enter all requested information. Each of the persons or entities shown below is required to complete this statement. Corporate stockholders enter primary mailing and business addresses for the corporation.

- ☐ Owner, Officer*, Director, Partner or Member (Limited Liability Companies)
☐ Individual stockholder of 10% or more of the stock
☐ Corporate stockholder of 10% or more of the stock

* Officers include, but are not limited to: Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), President, Vice President, Secretary, Treasurer

Your Name and Title as it relates to the applicant

Your Social Security Number

Your MAILING ADDRESS

Number, street and floor or suite number

City

State

Zip

If affiliated party is a Corporate Stockholder, complete this section:

Name of Corporation

Percentage of ownership
of applicant TPA

%

State of Incorporation

Corporation Tax ID Number (FEIN)

Your BUSINESS ADDRESS

or check if ☐ same as mailing address

Number, street and floor or suite number

City

State

Zip

Please answer all questions completely. If you are completing this form on behalf of a corporate stockholder or other business entity, answer on behalf of the corporation, not on behalf of you as an individual. If additional space is needed, please clearly identify each response by question number and attach the continuation(s) to this statement. Enter your name and Social Security Number or parent company's name and FEIN in the upper right corner of each attachment. Attachments become part of this statement.

1. Have you or the applicant's corporate stockholder (if applicable) ever been refused a license, or has any action ever been taken against any professional license held by you? An action can include, but is not limited to: Suspension, revocation, denial, limitation for cause, disciplinary action, fines etc.

☐ Yes ☐ No If yes, please identify the type of license, licensing state, license number, and an explanation of the action taken.

2. Have you or the applicant's corporate stockholder (if applicable) ever been convicted of any misdemeanor or felony other than minor traffic violations?

☐ Yes ☐ No If yes, please explain. Include dates and final disposition.

3. Have you or the applicant's corporate stockholder (if applicable) ever been subjected to any credit or financial proceeding necessitating court intervention?

☐ Yes ☐ No If yes, please explain. Attach a copy of the complaint, final court judgment or order, or other disposition.

4. Are you currently licensed as an insurance producer in any state?

☐ Yes ☐ No

Filing Instructions: If this statement is being filed as part of an application, filed by a group, company or other entity, attach it to the application.

P.A. 218 of 1956 as amended requires submission of this information by each person or entity described on this form. Failure to complete or submit this form, misrepresentation, omission of material fact or fraud in this statement may result in a denial or revocation of authority to do business, fines, and other compliance actions.

I certify under penalties of perjury that the information above and attached is true, accurate and complete.

Signature

Date signed

Signer's name and title (typed or printed)



Michigan Department of Labor & Economic Growth

Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442

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